Filed: 8/14/2020 3:11 PM
Lynne Finley
District Clerk
Collin County, Texas
By Tatiana Ortega Deputy

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Envelope ID: 45402991

NO. 417-53803-2020

IN THE INTEREST OF	§	**IN THE DISTRICT COURT**
	§	
S.L, J.L. AND L.L.	§	**417TH JUDICIAL DISTRICT**
	§	
CHILDREN	§	**COLLIN COUNTY, TEXAS**

MOTHER'S RESPONSE TO PETITIONER'S MOTION FOR ADDITIONAL TEMPORARY RESTRAINING ORDER

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES Respondent/ Mother Kelly Long, and files this Response to Petitioner/ Father Michael Long's Motion for Additional Temporary Restraining Order in the above-entitled and numbered cause and respectfully shows the honorable court the following:

I.

Respondent/Mother denies each and every single allegation made by Petitioner/Father in the affidavit and Motion for Additional TRO in this case.

Furthermore, Petitioner's Motion and attached affidavit, fail to address why Mother should be denied access to all three children the subject of this suit, and only address repeated allegations of abuse against Sophie Long. No allegations of abuse have been made against Mother specifically. Mother has not seen the children in over a month and any sexual abuse occurring, would be a direct result of the child being in the care of Petitioner Father.

Sophie Long was examined and tested for chlamydia at Dell children's hospital on July 25, 2020 and tested negative. The doctor's notes and medical records, attached hereto as Exhibit A and incorporated herein for all intents and purposes, state that the child may no outcry of abuse on page 38. They also state that the child should be returned if her condition worsens.

On August 11, 2020 all of the children were interviewed at the Guadalupe County Children's Advocacy Center and no outcries of abuse were made. A hearing was held on August 12, 2020 in which the Judge Ordered Mother have possession of the children from August 14, 2020 until August 16, 2020 to be supervised by her mother, and not to occur at Mother's home.

On August 13, 2020 Petitioner took the child to another doctor for an additional examination, as evidenced by Petitioner's Motion, to try to get the answers he wanted, that the child was abused. The child has not made outcries to any medical professional, to CPS, or during her interview. Her concerns that she would be killed for making outcries are evidence that she is being coached or manipulated by the Petitioner as no outcries have been made.

Petitioner has taken the child to the doctor for the same concern multiple times, and continues to subject the child to intrusive medical examinations that could traumatize her in an attempt to keep her away from the Mother. If there were medical concerns, the child should have been returned to Dell Children's Medical as instructed by the physician. Petitioner has shopped for a doctor to give him what he wants, and has finally found it based on instruction that the child cannot travel.

Mother is not a danger to her children, and the Ordered visitation would not put any child in harms way. Petitioner's statement that their Motion for Additional Temporary Order is the only remedy available is false. If attempting to coordinate Ordered visitation, and not to keep the children away from the Mother, Petitioner could have reached out with the doctors recommendations and asked if Mother's possession could occur within 15 miles of his home. Petitioner will not stop making these accusations and subjecting the child to trauma until the Court has intervened.

WHEREFORE, PREMISES CONSIDERED, Respondent/ Mother prays that:

1. the Court deny Father's requests in his Motion for Additional TRO.
2. the Court order Father to exchange the children as Ordered on August 12, 2020.
3. the Court order Father to reimburse Mother reasonable attorney's fees with regard to said hearing.
4. the Court order any such other and further relief, special or general, legal or equitable, as may be shown that Mother is justly entitled to receive and that which is in the child's best interest.

Respectfully submitted,

Law Offices of Amber Shemesh, P.C.
12222 Merit Drive, Suite 1200
DALLAS, TX 75251
Tel: (214) 432-2501
Fax: (214) 432-2510

By: _____
Amber Shemesh
State Bar No. 24075066
amber@shemeshfamilylaw.com
Alexandra Willen
State Bar No. 24110533
awillen@shemeshfamilylaw.com
Attorneys for Respondent

CERTIFICATE OF SERVICE

I certify that on August 14, 2020 a true and correct copy of this Response was served on Taylor Mohr electronically through the electronic filing manager.

_____
Amber Shemesh/ Alexandra Willen
Attorneys for Respondent

EXHIBIT

A

THE STATE OF TEXAS

COUNTY OF TRAVIS

BUSINESS RECORD AFFIDAVIT

Before me, the undersigned authority, personally appeared STEPHANIE MAYS,

who, being by me duly sworn, deposed as follows:

My name is STEPHANIE MAYS, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the administrator of the records for the Ascension Seton Medical Center Attached hereto are 57 pages of records from the Ascension Seton Medical Center These said 57 pages of records are kept by the Ascension Seton Medical Center in the regular course of business of the Ascension Seton Medical Center and it was in the regular course of business for an employee or representative of the Ascension Seton Medical Center with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. Records pertaining to: Sophie, Long,

Date of Birth: 9/16/10, Dates of Service: 7/24/20 to 7/27/20

The records attached hereto are the original or exact duplicates of the original.

Affiant, an employee of R1 RCM, a contractor of Ascension Seton Family of Hospitals

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on this, the 14th day of August 2020.

Notary Public in and for the State of TEXAS

CAMERON MAELEN COLE
Notary Public, State of Texas
Comm. Expires 08-17-2021
Notary ID 131248915

dell children's
Ascension

4900 Mueller Blvd Austin, TX 78723-3079

LONG, SOPHIE
DOB: 9/16/2010 Admit Age: 9 years Gender: Female
MRN: 7976035
FIN: 8077431943 **Type:** OP Emergency
Admit: 7/25/2020 **Discharge:** 7/25/2020
Medical Service: Pediatric Emergency Medicine

Diagnoses (addressed this visit)

Sexual assault by bodily force by parent	
Last Reviewed Date: 7/25/2020; Gregg ,Victoria S MD	**Responsible Provider:** Gregg ,Victoria S MD
Diagnosis Date: 7/25/2020	**Status:** Active
Type: Discharge; **Confirmation:** Confirmed; **Classification:** Medical; **Clinical Service:** Non-Specified	

Discharge Documentation

DOCUMENT NAME: Disposition Summary ED
SERVICE DATE/TIME: 7/25/2020 23:12 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 23:12 CDT)

Disposition Summary ED Entered On: 7/25/2020 23:12 CDT
Performed On: 7/25/2020 23:12 CDT by Marantz , Seth M RN

Disposition Summary ED
Condition at Discharge : Stable, Improved
Accompanied By : Parent
Disposition Type ED : Home
Method of Transportation : Private vehicle
ED Audit Flag : N/A

Marantz , Seth M RN - 7/25/2020 23:12 CDT

Education
ED Education Grid

Topics :	Discharge instructions, Plan of care
Individuals Taught :	Patient, Mother
Barriers to Learning :	None evident
Teaching Method :	Explanation, Printed materials
Teaching Evaluation :	Verbalizes understanding
	Marantz , Seth M RN - 7/25/2020 23:12 CDT

DOCUMENT NAME: Disposition Summary ED
SERVICE DATE/TIME: 7/25/2020 22:52 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 22:52 CDT)

Disposition Summary ED Entered On: 7/25/2020 22:52 CDT
Performed On: 7/25/2020 22:52 CDT by Marantz , Seth M RN

Disposition Summary ED
Condition at Discharge : Stable
Accompanied By : Parent
Disposition Type ED : Home

Discharge Documentation

Method of Transportation : Private vehicle
ED Audit Flag : N/A

Marantz , Seth M RN - 7/25/2020 22:52 CDT

Education

ED Education Grid

Topics :	Discharge instructions, Plan of care
Individuals Taught :	Patient, Mother
Barriers to Learning :	None evident
Teaching Method :	Explanation, Printed materials
Teaching Evaluation :	Verbalizes understanding
	Marantz , Seth M RN - 7/25/2020 22:52 CDT

Emergency Documentation

DOCUMENT NAME:	Vital Signs/Patient Status ED
SERVICE DATE/TIME:	7/25/2020 22:52 CDT
RESULT STATUS:	Auth (Verified)
SIGN INFORMATION:	Marantz ,Seth M RN (7/25/2020 22:52 CDT)

General Assessment ED Entered On: 7/25/2020 22:53 CDT
Performed On: 7/25/2020 22:52 CDT by Marantz , Seth M RN

Patient Status
Affect/Behavior : Appropriate
Orientation : Oriented x 4
Level of Consciousness : Alert
Distress : None
Capillary refill : Less than/equal to 2 seconds
Respiratory Distress : None
Skin temperature : Warm
Skin Color : Normal for ethnicity
Skin Description : Normal for ethnicity
Mucous Membrane Color : Pink
Mucous membrane description : Moist
General Assessment Evaluation Comments : pt alert no distress no needs. mom with no questions after dc education. verbalizes understanding

Marantz , Seth M RN - 7/25/2020 22:52 CDT

DOCUMENT NAME:	ED Clinical Summary
SERVICE DATE/TIME:	7/25/2020 23:13 CDT
RESULT STATUS:	Modified
SIGN INFORMATION:	Marantz ,Seth M RN (7/25/2020 23:13 CDT); Marantz ,Seth M RN (7/25/2020 22:53 CDT); Gregg ,Victoria S MD (7/25/2020 22:45 CDT)

ED Clinical Summary

Dell Children's Medical Center
4900 Mueller Boulvard
Austin, TX 78723
Telephone (512)324-0000

PERSON INFORMATION

Name LONG, SOPHIE
Sex Female
Marital Status Single
MRN 7976035
Chief Complaint R O SA
Track Group DC ED Track Group
Tracking Id 249670720
Checkin 7/25/2020 16:53:09
Arrival 7/25/2020 16:53:09

Age 9 Years
Language English
Phone (928)-274-7867
FIN 8077431943
Enc Type OP Emergency
Discharge 7/25/2020 23:13:00
Checkout 7/25/2020 23:13:00
Acuity 2 - Emergent

PCP Default , PCP Doctor Name
PCP Phone

Med Service Pediatric Emergency Medicine

Dispo Type Home
LOS 000 06:20

Address:

Emergency Documentation

181 HIGH POINT RDG SEGUIN TX 78155

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral DegF	98 DegF	98.5 DegF
Temp Rectal DegF		
Temp Temporal Artery DegF		
Peripheral Pulse Rate	84 bpm	90 bpm
Systolic Blood Pressure	116 mmHg	115 mmHg
Diastolic Blood Presssure	74 mmHg	64 mmHg
Respiratory Rate	20 br/min	20 br/min
Oxygen Saturation	100 %	100 %

DISCHARGE DIAGNOSIS

Sexual assault by bodily force by parent

ORDERS INFORMATION

ALLERGY INFORMATION

Allergy Info:

Latex

MEDICATIONS

PATIENT EDUCATION INFORMATION

Instructions:

VAGINITIS (Child); CHILD ABUSE, Suspected

Follow up:

With:	Address:	When:
1) Your primary care provider		Within 1 to 2 days (dias)

Comments:
Return for fever, vomiting, vaginal discharge worsening rash or any other concerns

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	7/25/2020 16:53:09	7/25/2020 16:53:09	7/25/2020 16:53:09

Emergency Documentation

EP Assess	Complete	7/25/2020 16:53:09 7/25/2020 16:54:57 7/25/2020 16:54:57
ERBO	Complete	7/25/2020 16:53:09 7/25/2020 21:45:52 7/25/2020 21:45:52
Registration	Complete	7/25/2020 16:53:09 7/25/2020 17:22:15 7/25/2020 21:06:00
Triage	Complete	7/25/2020 16:53:09 7/25/2020 17:04:33 7/25/2020 17:04:33
Bed Assign	Complete	7/25/2020 16:56:11 7/25/2020 16:56:11 7/25/2020 16:56:11
EN Assess	Complete	7/25/2020 17:04:33 7/25/2020 17:16:56 7/25/2020 17:16:56
VS Recheck	Complete	7/25/2020 17:04:33 7/25/2020 17:04:33 7/25/2020 17:04:33
VS Recheck	Complete	7/25/2020 17:04:33 7/25/2020 17:04:33 7/25/2020 19:40:37
Social Service	Request	7/25/2020 17:04:34
Social Service	Request	7/25/2020 17:14:41
VS Recheck	Complete	7/25/2020 19:40:37 7/25/2020 19:40:37 7/25/2020 22:50:44
EP Assess	Complete	7/25/2020 20:54:33 7/25/2020 20:54:33 7/25/2020 20:54:33
Urine Orders	Complete	7/25/2020 21:37:35 7/25/2020 22:01:40 7/25/2020 22:01:40
Microbiology	Complete	7/25/2020 21:37:35 7/25/2020 22:01:38 7/25/2020 22:01:38
Discharge	Complete	7/25/2020 22:45:41 7/25/2020 22:52:41 7/25/2020 22:52:41
VS Recheck	Start	7/25/2020 22:50:44 7/25/2020 22:50:44

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Hagen , Anne L RN PNP	ED Provider	7/25/2020 16:54:58	7/25/2020 16:54:59
Putty , Krista M MD Resident	Resident	7/25/2020 16:56:04	7/25/2020 16:56:44
Brooks , Andrew B MD Resident	Resident	7/25/2020 16:56:13	7/25/2020 16:56:17
White , Jennifer MD Resident	Resident	7/25/2020 17:01:55	7/25/2020 19:58:31
Stark , Jennifer M RN	ED Nurse	7/25/2020 17:04:40	
Marantz , Seth M RN	ED Nurse	7/25/2020 19:01:06	
Gregg , Victoria S MD	ED Provider	7/25/2020 20:54:34	

OVERRIDE REASONS

Depart Action	Incomplete Reason
Review Order(s)	Order Review Completed

Emergency Documentation

Patient Visit Summary

LONG, SOPHIE , has been given the following list of patient education materials and follow-up instructions.

LONG, SOPHIE
FIN: 8077431943 MRN: 7976035 ADM: 07/25/20
DOB: 09/16/2010 9 Years Female
Alias:
Admitting: Default , TBD

4

Patient Education Materials:

VAGINITIS (Child); CHILD ABUSE, Suspected

Prescriptions:

♦ No medications were prescribed at discharge. There are no prescriptions to be filled.

Follow Up

With:	Address:	When:
1) Your primary care provider		1 to 2 days (dias)
Comments:		
Return for fever, vomiting, vaginal discharge worsening rash or any other concerns		

I, **LONG, SOPHIE** understand that the treatment I have received was rendered on an Emergency basis only and that further treatment may be necessary. I have been given a copy of the above instructions and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department

7/25/2020 22:45:27

Patient Signature

7/25/2020 22:45:27

Provider Signature

Emergency Documentation

DOCUMENT NAME:	ED Discharge Education
SERVICE DATE/TIME:	7/25/2020 23:13 CDT
RESULT STATUS:	Modified
SIGN INFORMATION:	Marantz ,Seth M RN (7/25/2020 23:13 CDT); Marantz ,Seth M RN (7/25/2020 22:53 CDT); Gregg ,Victoria S MD (7/25/2020 22:45 CDT)

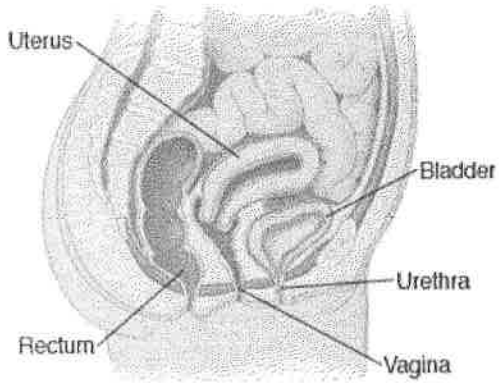
ED Discharge Education

PATIENT EDUCATION INSTRUCTIONS

Name: LONG, SOPHIE **Current Date:** 7/25/2020 23:13:09
MRN: 7976035 **FIN:** 8077431943
The following sheet(s) are the Patient Education Leaflets for LONG, SOPHIE

Peds

Vaginitis (Child)



Vaginitis means that the vagina is irritated (inflamed). It may also mean the tissue around the opening of the vagina is irritated. This may cause itching, soreness, or pain when your child urinates. There may be redness, swelling, and some discharge from the vagina.

Vaginitis may be caused by:

- **Infection.** Many vaginal infections are caused by bacteria in the stool. These can be treated without antibiotics as described below. Other infections are more serious and need medicine to treat.

- **Irritation.** This may happened if your child wears tight clothing like jeans, leotards, or bathing suits. Panties or pantyhose made of polyester or nylon may also cause irritation.
- **Sensitivity.** Some girls are sensitive to chemicals in bubble bath or to perfumed soaps, shampoo, or hair conditioner used in the tub. Some girls are also sensitive to scented or dyed toilet paper.

Vaginitis may also happen with excessive masturbation, insertion of objects into the vagina, or sexual abuse. If you have any suspicions that your child has been molested, please bring this to your doctor's attention.

Home care

Follow these tips when caring for your child at home:

- Teach your child to wipe from front to back to avoid getting stool into the vagina.
- Twice a day, have your child soak in a tub of warm water with no soap. With legs spread, use a clean washcloth to remove any discharge or cheesy material from the vaginal folds. Blot dry with a clean towel. Allow the area to be exposed to the air for 15 more minutes before your child gets dressed again.
- Your child should use only white, unscented toilet paper. She shouldn't use bubble bath or scented soaps. She should wash her hair in the sink or in the shower. This keeps the soaps and dyes in the shampoo from getting in the bath water, which may cause vaginal irritation.
- Your child should wear loose fitting cotton panties. She should not wear panties at night to prevent build up of heat and moisture. She should change her panties several times a day if she has a discharge.
- Your child should not wear clothing that is tight in the crotch like jeans, leotards, or bathing suits. Dresses or skirts allow air to circulate. Air movement helps stop heat and moisture from building up.
- Urination may cause burning and pain. This is because the urine passes over the inflamed tissues. Let your child sit in a tub of warm water to urinate. This will dilute the urine as it comes out and prevent irritation.

- If her age is appropriate, make certain that your daughter understands that she should not allow anyone to touch her sexually.

Follow-up care

Follow up with your health care provider if your child is not getting better.

When to seek medical advice

Call your child's health care provider right away if any of these occur:

- Swelling or increasing redness in the vaginal area
- Your child isn't able urinate because of the pain
- Fever of 100.4°F (38°C) orally or 101.4°F (38.5°C) rectally or higher, or as directed by your health care provider
- Pain in the lower belly (abdomen)
- Rash or joint pain
- Open sores around the vagina

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Reporting To Child Protective Services

Based on the information obtained today, your doctor is concerned that your child's health or well-being may be at risk. Your doctor is required by state law to report this to the police or Child Protective Services (CPS).

A police officer or a CPS worker will come to talk with you and investigate the situation. If the investigating officer believes that the child is not safe in the home, your child may be taken into protective custody, taken to a juvenile facility, placed temporarily with relatives, or in a foster shelter home. The final disposition will depend on a court hearing.

While physicians, police and CPS workers do their best, sometimes the facts are misleading. If the investigation shows that there is no danger to your child, we apologize in advance for the emotional

upset this may have caused. However, many times, such concerns prove to be correct and the intervention is necessary for the welfare of the child.

Based on the medical exam performed today, it is safe for your child to be released in accordance with the CPS or police directives.

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DOCUMENT NAME:	ED Patient Summary
SERVICE DATE/TIME:	7/25/2020 23:13 CDT
RESULT STATUS:	Modified
SIGN INFORMATION:	Marantz ,Seth M RN (7/25/2020 23:13 CDT); Marantz ,Seth M RN (7/25/2020 22:53 CDT); Gregg ,Victoria S MD (7/25/2020 22:45 CDT)

ED Patient Summary

dell children's
medical center of central texas
A member of the Seton Family of Hospitals

Dell Children's Medical Center of Central Texas

4900 Mueller Boulevard
Austin, TX 78723
(512)324-0000

Emergency Services
Discharge Instructions

Name: LONG, SOPHIE **Current Date:** 7/25/2020 23:13:08

DOB: 9/16/2010 **Sex:** Female **MRN:** 7976035 **FIN:** 8077431943

Primary Care Provider: Default , PCP Doctor Name **Phone:**

Discharge Diagnosis: Sexual assault by bodily force by parent

You presented to the Emergency Department on: 7/25/2020 16:53:09

Your Emergency Department provider was: Gregg , Victoria S MD

Emergency Documentation

Prescriptions:

" No medications were prescribed at discharge. There are no prescriptions to be filled.

Follow Up

With:	Address:	When:
1) Your primary care provider		1 to 2 days (dias)
Comments:		
Return for fever, vomiting, vaginal discharge worsening rash or any other concerns		

Dell Children's Medical Center of Central Texas would like to thank you for allowing us to assist you with your healthcare needs. Treatment in the Emergency Department is only one small piece of your treatment and Emergency Care is NOT a substitute for primary care.

Proper follow-up is needed anytime you have an injury or illness that becomes so severe as to be an emergency. These instructions contain information as to where and when you should follow-up.

Fill all of the prescriptions ordered by your doctor and take them as directed. If you have been given an antibiotic, be sure to take all of it. If you have been given a sedative or a narcotic pain medication, we advise that you do not drive or operate machinery for 6-8 hours after taking a dose of these types of medications. Bring your medications with you any time you come to an Emergency Department.

For any problems obtaining appointments at a Clinic or Referral Doctor's office, please call the Emergency Department at 512-324-0150 and ask for the Case Manager.

If you had any cultures or x-rays performed during your visit, your final reports will be reviewed. You will be contacted if any further instructions are needed.

If you need information about applying for Medical Assistance (MAP), call 512-978-8130.

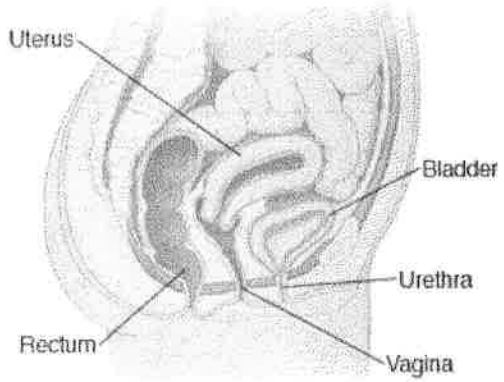
If you need a referral to a doctor for reasons not related to your Emergency visit, you may call out call center at 512-324-4444.

Please take the time to carefully read the instructions that follow, as they do contain specific information regarding your injury/ illness. Please bring these instructions and all medications with you to your follow-up.

The following sheet(s) are the Patient Education Leaflets for LONG, SOPHIE

Vaginitis (Child)

Emergency Documentation



Vaginitis means that the vagina is irritated (inflamed). It may also mean the tissue around the opening of the vagina is irritated. This may cause itching, soreness, or pain when your child urinates. There may be redness, swelling, and some discharge from the vagina.

Vaginitis may be caused by:

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- Your child isn't able urinate because of the pain
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- Pain in the lower belly (abdomen)

Emergency Documentation

- Rash or joint pain
- Open sores around the vagina

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The Ascension Seton Family of Hospitals is interested in your overall health and wellness.

Flu can be a serious illness. If you have general questions about the Flu, please call the State Flu Hotline at 888-777-5320.

Depression can be a serious illness. If you are having emotional problems or feeling suicidal, seek help immediately - return to the Emergency Department or call the Crisis Hotline at 515-472-HELP (515-472-4357).

Smoking Cessation: If you smoke, quit. It is the best thing you can do to stay healthy. Pick a day to quit. If you fail the first time, don't give up. Keep trying and learn from your experience.

Emergency Documentation

Immunizations for Adults: At age 65 you should get a pneumococcal ("pneumonia") vaccination and begin receiving influenza ("flu") shots every year. Adults with some chronic medical conditions need to start these vaccinations earlier. College bound students who plan on living in dorms should receive the menigococcal ("meningitis") vaccine unless they have already been immunized already. Tetanus boosters are recommended every 10 years between 11-64 years of age.

Immunizations for Children: Children should have up-to-date immunizations. Most schools require that immunizations be complete before children can attend school. For information on free or low-cost vaccinations for children, call 2-1-1 (Information and Referral Line)

Injury Prevention Tips:
NEVER drive after drinking alcohol or taking medications that may make you drowsy.

Always wear a safety helmet while riding on a motorcycle, bicycle or all-terrain vehicle.

Always wear safety belts while in a car. Make sure infants and children are properly restrained while in a car. For information and assistance with the proper installation and use of children's car seats, call 512-324-TOTS.

Prevent falls by older adults. Repair slippery or uneven walking surfaces, improve poor lighting, remove throw rugs and clutter in walkways, use grab bars and non-slip mats in bathrooms, and install handrails on both sides of stairways. Always arise slowly from sitting and lying positions. Review your medication list with your Primary Care Physician annually, for adjustments to medications that may be causing drowsiness or dizziness and increasing your risk of falls. This is also a good time to discuss an exercise routine to improve flexibility and muscle tone.

Never swim alone or allow your children to swim alone in unsupervised places. Make sure an adult is **constantly** watching children swimming or playing in or around the water.

Use smoke detectors in your home. Change the batteries every year and check to see if they work every month.

Keeping a gun in your home can be dangerous. If you do, make sure that the gun and the ammunition are locked up separately.

Advance Directives: You have the right under State Law to make decisions concerning medical care, including the right to create and sign "Advance Directives" in the event you should be unable to speak for yourself (Living Will, Durable Medical Power of Attorney). If you would like further information, any of our staff will be happy to assist you.

Patient Visit Summary

LONG, SOPHIE , has been given the following list of patient education materials and follow-up instructions.

Patient Education Materials:

VAGINITIS (Child); CHILD ABUSE, Suspected

Emergency Documentation

Prescriptions:

¨ No medications were prescribed at discharge. There are no prescriptions to be filled.

Follow Up

With:	Address:	When:
1) Your primary care provider		1 to 2 days (dias)
Comments:		
Return for fever, vomiting, vaginal discharge worsening rash or any other concerns		

I, **LONG, SOPHIE** understand that the treatment I have received was rendered on an Emergency basis only and th further treatment may be necessary. I have been given a copy of the above instructions and I will arrange for follow-u care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department

7/25/2020 23:13:08

Patient Signature

7/25/2020 23:13:08

Provider Signature

* Auth (Verified) *

dell children's
medical center of central texas
A member of the Seton Family of Hospitals

Emergency Department Registration Form

Please Print Legibly (*Favor de llenaren tetra de imprenta y legible*)

Patient/Child Name (*Nombre de Paciente*): _____

Date of Birth (*Fecha de Nacimiento*): _____ **Age** (*Edad*): ____ **Sex** (*Sexo*) ☐ M ☐ F
Month/day/year (Mes/dia/ano)

Phone Number (*Numero de Telefono*): (____)____-_____ **M.D./Médico** _____

NURSE USE ONLY (*SOLO PARA USO DE ENFERMERA*)

Date: 7-25-20 **Time:** 1652

Communication Barrier: ☐ Yes ☐ No
☐ Cough ☑ Mask

Room # 33

Chief Complaint R/O SA
Requesting female denies fever/cough

Medical History: R arm
Asthma Burn Grafts OOT UTD All Latex

Neuro (AVPU)		Airway		Breathing		Circulation		Cap Refill	
Alert	✓	Patent	✓	Non-labored	✓	Pink/Warm/Dry	✓	< 2 sec.	✓
Verbal		Compromised		Labored		Pale/Cool/Moist		> 2 sec.	
Pain		Stridor		Wheezing				Quick Look Acuity:	
Unresponsive				O_2 Sat. _____%				3	

Has patient traveled out of the country in the last 21 days? YES (NO) If YES, does patient have cough, shortness of breath, fever, headache, weakness, muscle or joint pain, vomiting, diarrhea or abdominal pain? YES NO

Quick Look RN Signature: S Sabo RN

Dell Children's ED Early Warning System PILOT

Time	Temperature (route)	Heart Rate	Respirations	Blood pressure (systolic/diastolic)	Pulse Oximetry	ED Pews Calculation	RN initials
Triage:	98	84	20	116/74	—	0	SS
Discharge:	98.5	90	20	115/64	100	0	SMP

Placed in Waiting Room #1 #2 #3 Private room UTL #1_____#2_____#3_____ **Triage Acuity:**

Review of PEWS at Discharge

RN Signature _____ MD Signature _____

LONG, SOPHIE
FIN: 8077431943 MRN: 7976035 ADM: 07/25/20
DOB: 09/16/2010 9 Years Female
Alias:
Admitting: Default , TBD

Weight 42 kg
Updated 2/3/2020

4

Emergency Documentation

DOCUMENT NAME: Physician ED Documentation
SERVICE DATE/TIME: 7/25/2020 22:15 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Gregg ,Victoria S MD (7/25/2020 22:44 CDT)

General Medical Problem *ED

Patient: **LONG, SOPHIE** **MRN: 7976035** **FIN: 8077431943**
Age: **9 years** Sex: **Female** DOB: **9/16/2010**
Associated Diagnoses: **None**
Author: **Gregg , Victoria S MD**

Basic Information

Time seen: Date & time 7/25/2020 22:15:00.
History source: Step mother.

History of Present Illness

Patient is a 9-year-old who is being evaluated here for SANE. This SANE was not performed due to the time since the exposure. It is been over 5 days. The last exposure was on June July 12. Please see social work notes for details but the stepmother and father are here concerned about possible exposures when the patient is in the care of the biological mother. The child has not been in any outcry to me. When I explained that we were going to examine her because there was concern that someone was touching her airway she did not want to be touched she simply said I do not know and shrugged her shoulders. I did not pursue any further questioning at that time. She is otherwise healthy. She has been treated by her pediatrician for a possible UTI as well as vaginitis with Lotrimin cream. She is still complaining of burning when she pees. She has any fever, vomiting or abdominal pain.

Review of Systems

Constitutional symptoms: No fever, no chills.
Skin symptoms: No rash,
Eye symptoms: No recent vision problems,
ENMT symptoms: No ear pain, no sore throat, no nasal congestion.
Respiratory symptoms: No shortness of breath, no cough.
Cardiovascular symptoms: No chest pain,
Gastrointestinal symptoms: No abdominal pain, no nausea, no vomiting, no diarrhea.
Genitourinary symptoms: No dysuria,
Musculoskeletal symptoms: No back pain,
Neurologic symptoms: No headache, no dizziness.

Health Status

Allergies: latex.
Immunizations: Up to date.
Pregnancy history: Never pregnant.

Past Medical/ Family/ Social History

Emergency Documentation

Medical history
Negative.

Maternal History
No significant maternal complications
Perinatal History: No significant perinatal complications, full term.
Surgical history: Negative.
Family history: Not significant.
Social history: Reviewed as documented in chart, Family/social situation: History of CPS involvement in the past with mom and dad complaining about the care at each other's homes..

Physical Examination
General: Alert, no acute distress, Happy playful alert and well hydrated.

Vital Signs
Glasgow coma scale: Total score: Total score: 15.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.
Skin: Warm, pink, moist, no pallor, no rash, Small isolated erythematous papules in the groin area that look consistent with insect bites..
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline, no tenderness.
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision grossly normal.
Ears, nose, mouth and throat: Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.
Respiratory: Lungs are clear to auscultation, breath sounds are equal, Symmetrical chest wall expansion, Respirations: Regular, Retractions: None.
Chest wall: No tenderness.
Back: Nontender, Normal range of motion, Normal alignment.
Musculoskeletal: Normal ROM, normal strength, no tenderness, no swelling, no deformity.
Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.
Genitourinary: Normal genitalia for age, Hymenal ring was intact. Posterior fourchette intact. No foul odor or discharge noted. No erythema or bruising noted. Anal exam within normal limits. No tears visualized. No bruising..
Lymphatics: No lymphadenopathy.
Psychiatric: Cooperative.

Reexamination/ Reevaluation
We will send urine for GC chlamydia as well as a repeat UA just to make sure there is no urinary tract infection to explain the dysuria. More likely it seems to be vaginitis and would continue current care as per their pediatrician. CPS to follow up as an outpatient and will refer to the CARE team and CAC

Impression and Plan

Emergency Documentation

Diagnosis
Eval for possible sexual assault
Plan
Disposition: Discharged: time 7/25/2020 22:43:00.
Patient was given the following educational materials: CHILD ABUSE, Suspected.
Follow up with: 1) Your primary care provider Within 1 to 2 days (dias), 1) Your primary care provider Within 1 to 2 days (dias).

Electronically Signed By: Gregg, Victoria S, MD, 25-Jul-2020 22:44 CDT

DOCUMENT NAME: Physician ED Documentation
SERVICE DATE/TIME: 7/25/2020 16:55 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Hagen ,Anne L RN PNP (7/25/2020 16:55 CDT)

MSE-SANE

Patient: **LONG, SOPHIE** **MRN: 7976035** **FIN: 8077431943**
Age: **9 years** Sex: **Female** DOB: **9/16/2010**
Associated Diagnoses: **None**
Author: **Hagen , Anne L RN PNP**

Date: _Time:_
Chief Complaint: _SANE
Physical Exam:
Neuro: x Alert, active _ Sleeping, easily aroused, _ Irritable/Lethargic/Unresponsive
HEENT: x MMM _ MMdry _Other:
Resp: xAirway Patent xEven, unlabored, no retractions _Lungs clear _Wheeze/Crackles _Labored/Retractions _Other:
Cardio: xSkin pink, dry _Pulse regular, even _Brisk CR _ HR irregular: _HR _HR¯ _Murmur _Delayed CR _ Other
GI: _Abd soft, ND _Abd NT _TTP; Diffuse _ LUQ _ LLQ _ Suprapubic _ RUQ _ RLQ _ Other:_
MSK: x Ambulating well _Unable to ambulate well x Neurovascularly intact _ No deformity
Integ: _ Rash _Injury _Laceration _Wound _Lesion
Location: _ Diffuse _ Head _Neck _ Torso _ LUE x RUE _ LLE _ RLE
Deformity _ Edema _ Erythema _Visible Foreign Body _Other:
Other Findings:_
Assessment:
x Well-appearing, no apparent distress _ Ill appearing, non-toxic _ Toxic/In Distress _ Other:_
Orders/Plan: Per SS and SANE protocol
Labs: _UA/Micro _Urine CX _UA _UPT _Rapid Strep Screen
Imaging: _ XR_
_EKG _Meds per SMDO _ Other:_
Cleared for Triage Awaiting bed placement _Bed Assigned _X Immediate assistance/PCC or CN notified

Basic Information
Time seen: Immediately upon arrival.

Health Status

Emergency Documentation

Allergies:
No active allergies have been recorded..

Past Medical/ Family/ Social History
Problem list:
No qualifying data available

Physical Examination

Vital Signs

No qualifying data available (last 24 hrs).

Electronically Signed By: Hagen, Anne L, RN PNP, 25-Jul-2020 16:55 CDT

DOCUMENT NAME: Triage ED Forms
SERVICE DATE/TIME: 7/25/2020 17:01 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Stark ,Jennifer M RN (7/25/2020 17:01 CDT)

Triage Assessment Adult/Peds ED - DCMC Entered On: 7/25/2020 17:04 CDT
Performed On: 7/25/2020 17:01 CDT by Stark , Jennifer M RN

Triage
Mode of Arrival, ED : Private vehicle, Ambulatory
Hx of Present Illness/Mech of Inj/Onset : Mother requesting R/O SA
Abuse/Neglect Screen : Yes

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

DCP GENERIC CODE
Visit Reason : R O SA
Tracking Acuity : 2 - Emergent
Tracking Group : DC ED Track Group

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

General Asmt Intervention &/or Note : Pt AAOx4, NAD, denies pain
Treatments Prior to Arrival : None
Pregnancy Status : Patient denies
Currently Breastfeeding a Child : No
Immunizations Current : Yes
Recent Travel History : No recent travel
Isolation Precautions Initiated : Private room

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

COVID-19 Screening
COVID-19 Assess : Able to Assess
COVID-19 Symptoms : No
COVID-19 Interpretation : No

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Emergency Documentation

Suicide Risk Screener
Down, Depressed, Hopeless-Suicide : No
Suicide Ideation Past 2 Weeks : No
Attempted Suicide : No
Suicide Risk Above Age 6 : Yes

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Allergy
Allergy History : Reviewed/Updated this visit

Stark , Jennifer M RN - 7/25/2020 17:01 CDT
(As Of: 7/25/2020 17:04:33 CDT)

Allergies (Active)
Latex — *Estimated Onset Date:* Unspecified ; *Created By:* Stark , Jennifer M RN; *Reaction Status:* Active ; *Category:* Environment ; *Substance:* Latex ; *Type:* Allergy ; *Updated By:* Stark , Jennifer M RN; *Reviewed Date:* 7/25/2020 17:03 CDT

Vitals
Temperature Oral (DegF) : 98 DegF
Temperature Oral (DegC) : 36.7 DegC
Peripheral Pulse Rate : 84 bpm
Respiratory Rate : 20 br/min
Systolic Blood Pressure : 116 mmHg
Diastolic Blood Pressure : 74 mmHg
Mean Arterial Pressure : 88 mmHg
Oxygen Delivery Method : Room air
Pain Assessment : Yes
Sepsis Screening Age 18 and above : No

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Weight/Height
Weight Source : Standing Scale #1
Measured Weight Unit of Measure : Kilograms
Measured Weight in Kilograms : 42 kg
Measured Weight (kg) : 42 kg
Measured Weight in POUNDS : 92.4 lb

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Assessment
Level of Consciousness : Alert
Respiratory Status : No distress
Mucous Membrane Color : Pink
Orientation : Oriented x 4
Capillary refill : Less than/equal to 2 seconds
Mucous membrane description : Moist

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Health History Combined
Significant Health History : Reviewed with patient/guardian

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Health History Grid
Asthma : Self

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Patient Smoking Status : N/A

Emergency Documentation

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Previous Surgery History Grid

Surgery Description :	Other: Rt arm burn with skin grafts
	Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Pain Assessment ED
Is Patient Able to Self-Report Pain? : Yes

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Primary Pain
Location - Primary Pain : General
Self Reported Pain Scale Tool : Numeric Intensity (8 yr & up)
Intensity - Primary Pain : 0 - No Pain

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Emergency Department Specific Documentation

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Treatments

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Treatments Prior to Arrival	None

Consultation Notes

DOCUMENT NAME: Consultation
SERVICE DATE/TIME: 7/28/2020 15:12 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Svoboda ,Michael T RN PNP (7/28/2020 15:12 CDT)

PATIENT NAME: LONG, SOPHIE
MEDICAL RECORD#: 7976035
FIN#: 8077431943
DATE OF BIRTH: 09/16/10
DATE OF DCMC ED EVALUATION: 07/25/20
DATE OF CARE ED CASE REVIEW: 07/27/20

The CARE Program completed a review of this patient's evaluation from the Dell Children's Medical Center (DCMC) Emergency Department (ED), including review of laboratory and radiologic findings. The CARE Program obtained the following information from the patient's medical chart and did not physically evaluate the patient.

The CARE Program was provided information by DCMC ED social worker, Carrie St. John, on 07/27/20 regarding this 9-year-old female, Sophie Long, who was brought to the DCMC ED by her stepmother for evaluation of possible sexual assault. According to the DCMC ED medical records, the stepmother reported on-going custody issues between the biological parents that included exposure of Sophie and her siblings to felons (biological mother's boyfriend) and breaking of custody arrangements; several recent statements by Sophie that raised concerns for the father and step-mother that included a description of feeling like she had a "whole pole in there" referring to her vagina; recent treatments of a urinary tract infection and vaginitis by her pediatrician; and descriptions by the stepmother that Sophie had vaginal discharge and that Sophie's urine appeared green. The stepmother also reported that Sophie told her that her mother's boyfriend and a friend of his touch her and she does not like it; however, there is no description of what kind of touching or where. Although a SAFE evaluation was initially approved, further history indicates that the last possible contact with the mother or her boyfriend was July 12 and the SAFE was deferred.

Sophie's DCMC ED workup consisted of a physical examination, including a thorough anogenital examination, a urinalysis, and urine testing for chlamydia and gonorrhea.

The DCMC ED physician documented that Sophie's physical evaluation was normal, including a normal anogenital examination without discharge or injury. Sophie's laboratory studies were normal, including normal urinalysis with yellow urine.

The DCMC ED social worker obtained additional history from the stepmother that identified numerous psychosocial risk factors for the mother (see ED SW documentation) and the stepmother's concerns that something was happening when Sophie was at her mother's home on visitation. Sophie did not make any outcries during her medical examination and the social worker documented that the two law enforcement entities involved (Frisco PD and Guadalupe County Sheriff's Office) will work together to obtain a forensic interview.

According to the current CDC guidelines, the appropriate medical workup was obtained, and CARE has no further medical recommendations at this time; however, additional information from the law enforcement and CPS investigations may elicit further workup. CARE will liaison with CPS and law enforcement regarding the medical findings.

Electronically Signed By: Svoboda, Michael T, RN PNP, 28-Jul-2020 15:12 CDT

Orders Details

Laboratory

Chlamydia trachomatis PCR,urine		
Start Date/Time: 7/25/2020 21:15 CDT		
Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Reason:		
Ordering Physician: Gregg ,Victoria S MD		
Action Type: Order	Date/Time: 7/25/2020 20:58 CDT	Action Personnel: Gregg ,Victoria S MD
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type: Written
Details: Urine, Stat collect, Initial Stream		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:12 CDT Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 21:15 CDT	Action Personnel: Marantz ,Seth M RN
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 23:24 CDT	Action Personnel: Bartee,Lynn A
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/26/2020 10:50 CDT	Action Personnel: Vazquez ,Carolina MLS
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Complete	Date/Time: 7/26/2020 12:29 CDT	Action Personnel: SYSTEM
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		

Orders Details

Laboratory

Culture Urine		
Start Date/Time: 7/25/2020 22:01 CDT		
Status: Completed	Catalog Type: Laboratory	Activity Type: Micro
End-state Reason:		
Ordering Physician: Gregg ,Victoria S MD		
Action Type: Order	Date/Time: 7/25/2020 21:37 CDT	Action Personnel: Gregg ,Victoria S MD
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type: Written
Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:59 CDT Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 22:01 CDT	Action Personnel: Marantz ,Seth M RN
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 23:24 CDT	Action Personnel: Bartee,Lynn A
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/26/2020 11:04 CDT	Action Personnel: Trevino ,Patricia C MLS
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Complete	Date/Time: 7/26/2020 20:10 CDT	Action Personnel: Thomas ,Sarah MLS
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		

Orders Details

Laboratory

Neisseria gonorrhoeae PCR,urine		
Start Date/Time: 7/25/2020 21:15 CDT		
Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Reason:		
Ordering Physician: Gregg ,Victoria S MD		
Action Type: Order	Date/Time: 7/25/2020 20:58 CDT	Action Personnel: Gregg ,Victoria S MD
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type: Written
Details: Urine, Stat collect, Initial Stream		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:12 CDT Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 21:15 CDT	Action Personnel: Marantz ,Seth M RN
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 23:24 CDT	Action Personnel: Bartee,Lynn A
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/26/2020 10:50 CDT	Action Personnel: Vazquez ,Carolina MLS
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Complete	Date/Time: 7/26/2020 12:29 CDT	Action Personnel: SYSTEM
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect, Initial Stream		
Review Information: Doctor Cosign: Not Required		
Comment:		

Orders Details

Laboratory

Urinalysis with Microscopic		
Start Date/Time: 7/25/2020 22:01 CDT		
Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Reason:		
Ordering Physician: Gregg ,Victoria S MD		
Action Type: Order	Date/Time: 7/25/2020 21:37 CDT	Action Personnel: Gregg ,Victoria S MD
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type: Written
Details: Urine, Stat collect		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:59 CDT Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 22:01 CDT	Action Personnel: Marantz ,Seth M RN
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Status Change	Date/Time: 7/25/2020 22:05 CDT	Action Personnel: Garcia ,Marianne CLA
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		
Action Type: Complete	Date/Time: 7/25/2020 22:26 CDT	Action Personnel: Roman-Lopez , Cynthia MLS
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details: Urine, Stat collect		
Review Information: Doctor Cosign: Not Required		
Comment:		

Orders Details

Consults

Consult Social Services		
Start Date/Time: 7/25/2020 17:04 CDT		
Status: Discontinued	Catalog Type: Consults	Activity Type: Social Services Consults
End-state Reason:		
Ordering Physician: SYSTEM		
Action Type: Order	Date/Time: 7/25/2020 17:04 CDT	Action Personnel: SYSTEM
Responsible Provider: SYSTEM	Supervising Provider:	Communication Type: Discern Expert
Details:		
Review Information: Nurse Review: Electronically Signed, Stark ,Jennifer M RN on 7/25/2020 17:14 CDT Doctor Cosign: Not Required		
Comment: ADMIT/TRIAGE HX: Abuse/Neglect		
Action Type: Discontinue	Date/Time: 7/26/2020 01:00 CDT	Action Personnel: SYSTEM
Responsible Provider: SYSTEM	Supervising Provider:	Communication Type:
Details:		
Review Information: Doctor Cosign: Not Required		
Comment:		

Consult Social Services (Social Services Consult)		
Start Date/Time: 7/25/2020 17:14 CDT		
Status: Discontinued	Catalog Type: Consults	Activity Type: Social Services Consults
End-state Reason:		
Ordering Physician: White ,Jennifer MD Resident		
Action Type: Order	Date/Time: 7/25/2020 17:14 CDT	Action Personnel: White ,Jennifer MD Resident
Responsible Provider: White ,Jennifer MD Resident	Supervising Provider:	Communication Type: Written
Details: For evaluation of, Urgent, SA		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 19:56 CDT Doctor Cosign: Not Required		
Comment:		
Action Type: Discontinue	Date/Time: 7/25/2020 17:14 CDT	Action Personnel: White ,Jennifer MD Resident
Responsible Provider: White ,Jennifer MD Resident	Supervising Provider:	Communication Type: Written
Details: For evaluation of, Urgent, SA		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 19:56 CDT Doctor Cosign: Not Required		
Comment:		

Orders Details

Patient Care

ED Discharge		
Start Date/Time: 7/25/2020 22:45 CDT		
Status: Discontinued	Catalog Type: Patient Care	Activity Type: Nursing
End-state Reason:		
Ordering Physician: Gregg ,Victoria S MD		
Action Type: Order	Date/Time: 7/25/2020 22:45 CDT	Action Personnel: Gregg ,Victoria S MD
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type: Written
Details:		
Review Information: Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 22:47 CDT Doctor Cosign: Not Required		
Comment:		
Action Type: Discontinue	Date/Time: 7/26/2020 01:00 CDT	Action Personnel: SYSTEM
Responsible Provider: Gregg ,Victoria S MD	Supervising Provider:	Communication Type:
Details:		
Review Information: Doctor Cosign: Not Required		
Comment:		

Urinalysis

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, * = Test performed at this ASCENSION SETON network facility.

UA Macroscopic

Collected Date Time	7/25/2020 22:01 CDT		
Item		Units	Ref. Range
UA Color	Yellow		[Yellow]
UA Appear	Clear		[Clear]
UA Glucose	Negative		[Negative]
UA Bili	Negative		[Negative]
UA Ketones	Negative		[Negative]
Specific Gravity Urine	1.015		[<=1.030]
UA pH	5.0		[5.0-9.0]
UA Protein	Negative		[Negative]
UA Urobilinogen	0.2	EhrUnits/dL	[0.2]
UA Nitrite	Negative		[Negative]
UA Blood	Negative		[Negative]
UA Leuk Est	Negative		[Negative]

UA Microscopic

Collected Date Time	7/25/2020 22:01 CDT		
Item		Units	Ref. Range
UA WBC	Occasional		[Occasional]
UA Epithelial Cells	None Seen		[Occasional]

Bacteriology

Legend: C = Corrected, S = Susceptible, I = Intermediate, R = Resistant, N/A = Not Applicable, SDD = Susceptible-Dose Dependent, NS = Nonsusceptible, NoINT = No CLSI interpretive guidelines available for this drug/bug combination. Interpret with caution. -----
*=Test performed at this ASCENSION SETON facility.

PROCEDURE:	Culture Urine *1	ACCESSION:	20-207-003773
SOURCE TYPE:	U CleanCatch	COLLECTED DATE/TIME:	7/25/2020 22:01 CDT
SOURCE:		BODY SITE:	
ORDERING PHYSICIAN:	Gregg ,Victoria S MD		

FINAL REPORTS
Final Report
Verified Date/Time/Personnel: 7/26/2020 20:10 CDT Thomas ,Sarah MLS
No growth

Performing Locations
*1: This test was performed at:
Dell Seton Medical Center Lab, CLIA# 45D0504523, 1500 Red River St., Austin, TX, 78701-1918, US

Bacteriology General Laboratory

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, * = Test performed at this ASCENSION SETON network facility.

	Collected Date Time		
	7/25/2020 21:15 CDT		
Item		Units	Ref. Range
Chlamydia trachomatis PCR,urine	Negative *1		[Negative]
Chlamydia trach.PCR Urine Interp	See Below T1 *1		
GC PCR Urine	Negative *1		[Negative]
GC PCR Urine Interp	See Below T2 *1		

Textual Results

T1: 7/25/2020 21:15 CDT (Chlamydia trach. PCR Urine Interp)

Chlamydia trachomatis DNA not detected by real-time PCR. Presumed NEGATIVE for Chlamydia trachomatis. A negative test result does not exclude the possibility of infection because test results may be affected by improper specimen collection, concurrent antibiotic therapy, or the number of organisms in the specimen which may be below the sensitivity of the test. Urine testing has only been validated using first-catch urine collections with this assay. Urine samples collected by alternative methods (midstream, clean-catch, etc.) may yield false-negative results. Urine collections volumes exceeding the recommended 20-50ml collection volume may result in specimen dilution, reduce test sensitivity, and yield false-negative results.

T2: 7/25/2020 21:15 CDT (GC PCR Urine Interp)

Neisseria gonorrhoeae DNA not detected by real-time PCR. Presumed NEGATIVE for N. gonorrhoeae. A negative test result does not exclude the possibility of infection because test results may be affected by improper specimen collection, concurrent antibiotic therapy, or the number of organisms in the specimen which may be below the sensitivity of the test. Urine testing has only been validated using first-catch urine collections with this assay. Urine samples collected by alternative methods (midstream, clean-catch, etc.) may yield false-negative results. Urine collections volumes exceeding the recommended 20-50ml collection volume may result in specimen dilution, reduce test sensitivity, and yield false-negative results.

Performing Locations

*1: This test was performed at:
Dell Seton Medical Center Lab, CLIA# 45D0504523, 1500 Red River St., Austin, TX, 78701-1918, US

Patient and Family Education

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Patient/Family Education

Recorded Date Time By	7/25/2020 22:52 CDT Marantz ,Seth M RN	7/25/2020 23:12 CDT Marantz ,Seth M RN
Item		
Teaching Evaluation	Verbalizes understanding	Verbalizes understanding
Barriers to Learning	None evident	None evident
Teaching Method	Explanation, Printed materials	Explanation, Printed materials
Individuals Taught	Patient, Mother	Patient, Mother

Case Management/Social Services

DOCUMENT NAME: Social Services Progress Note
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: St John ,Carrie LCSW (7/25/2020 23:43 CDT)

Psychosocial Assessment for Sexual Trauma

CHIEF COMPLAINT:
Pt is a nine-year-old female who presented to DCMC ED via private vehicle with her stepmother for concerns r/t potential sexual assault. Pt has not made a specific outcry, but she has exhibited several recent behavioral changes and made concerning statements to her stepmother indicative of possible sexual assault.

Assessment Date: 07/25/20
Assessment Start Time: 1724

PRESENTING PROBLEM:
Pt did not have an outcry or clear presenting concern for potential sexual assault. Stepmother has mounting concerns for possible sexual assault occurring when pt is in the care of her mother and mother's boyfriend, based on pt's recent behavioral changes and various verbalized statements she has made. Pt's last possible known contact with pt's mother's boyfriend was on 07/12/20. Following SW consultation with Frisco PD and DCMC SANE RNs Gabi and Amanda, it was determined that pt is appropriate for a referral to the local CAC for a forensic interview rather than an acute SAFE exam, due to the duration of time reported since last known contact between pt and mother's boyfriend. Sergeant Byrom with Frisco PD, Badge#3388, ph.#972-292-6010, indicated that he will coordinate with APD to request coordination of forensic interview with DCMC CARE team.

Initial diagnosis: concerns for potential sexual assault
Caregiver completing assessment: Stepmother, Kourtney Chalmers, DOB 11/26/1986, main ph.#928-274-7857, WiFi business ph.#830-217-8778 (PLEASE NOTE THAT STEPMOTHER CAN ONLY BE REACHED VIA THE SECOND PHONE NUMBER LISTED WHEN SHE IS AT HER RESIDENCE, AS SHE DOES NOT HAVE PRIMARY CELL SERVICE AT THE FAMILY HOME. HOWEVER, SHE PREFERS FOR CALLERS TO CONTACT THE FIRST NUMBER LISTED ON INITIAL ATTEMPT TO REACH HER, AS THIS IS HER PRIMARY PHONE).
Caregiver interviewed: Stepmother was interviewed in the family room.
Preferred language: English

DEMOGRAPHICS:
Patient name: Sophie Long
DOB: 09/16/2010
Age: 9
Lives with: Shared custody between biological parents
Address: Please refer to parents' addresses below.
Disability/needs: denied by stepmother
Child care/daycare/school: Pt is in fifth grade at Smith Elementary.

BIOLOGICAL PARENTS TO PATIENT:
Mother's name: Kelly Long
DOB: 03/11/1986
Address: 10214 Max Lane, Frisco, TX 75035
Cell phone: 210-518-9419
E-mail: unavailable
Marital status: single
Disability: information unavailable
Religious preference: information unavailable

Case Management/Social Services

Primary language: English
Employment: Mother is currently employed as an HR Manager for Capital One.

Father's name: Michael Long
DOB: 12/24/1978
Address: 181 High Point Ridge, Seguin, TX 78155
Cell phone: 928-274-7867
E-mail: not asked by SW
Marital status: married
Disability: not asked by SW
Religious preference: not asked by SW
Primary language: English
Employment: Stepmother indicated that father works at a stone crushing company.
Financial needs for family: none reported by stepmother
Parent Relationship and/or Custody Agreement: Stepmother reported that she and pt's father have pt and her biological brothers in their care for one long weekend every month, 42 days every summer, alternating holidays, and every spring break. Pt is currently scheduled to return to her mother's house this Monday, 07/27.
Additional Caregivers for pt
Mother's boyfriend (resides with mother): Jacob Bellington, demographic information unavailable
Paternal grandparents (reside separately on father's property and care for pt and siblings in father and stepmother's absence): Jeannie and John Long
Siblings' names and ages: Biological brothers Jack (7) and Lucas (6). Pt has a half-sibling by her mother and mother's boyfriend who is one year old (name unknown) and resides with mother full-time.

MEDICAL HISTORY:
Pediatrician/medical specialists: Piga Pediatrics in Frisco (pt was last seen on her birthday).
History of significant injuries: Stepmother reported that when the last CPS investigation as to pt's mother and boyfriend was closed out, pt "hurt herself on purpose."
Please refer to MD note for further details of today's medical assessment and for family medical history.

DEVELOPMENTAL HISTORY:
Concerns for patient's development: denied by stepmother
HISTORY OF INCIDENT:
Historian: Stepmother
Interview location: ED family room
Historian's affect/mood/speech: Stepmother was calm, and she provided extensive social history prior to addressing current presenting concerns. Rate, volume and tone of speech were WNL.
Behavioral observation: Stepmother was responsive to questions asked by SW. She expressed a deep concern for ensuring that pt does not feel like she is being retaliated against for disclosing information to her, and for maintaining a trusting relationship with pt after she shared information with hospital staff that pt told her in confidence.
Social history shared by stepmother: Stepmother reported that based on public records she has accessed, mother's boyfriend has hx felony assault and drug charges in addition to charges of unlawful possession of weapons. Stepmother reported that pt and her siblings did not return from a visit as scheduled to their mother's home around Easter of this year. Mother reportedly told stepmother and father that she was keeping the children in her care for safety concerns related to COVID-19 (per stepmother's report to SW). However, when stepmother and father participated in a FaceTime call with pt and her siblings, they were audibly heard stating that they were "packing their bags" and trying to provide stepmother with the address where they were, because they were no longer at their mother's house. Stepmother was able to eventually track pt's physical location with technological tools and she sent it to CPS. Stepmother stated that it was eventually discovered that mother took pt and her siblings to Oklahoma to stay with one of her boyfriend's friends who pt and her siblings refer to as "Uncle Dan" from May 1st-6th. State troopers were sent to get the children back to Texas safely, and they returned to their father and stepmother's care on 05/22. At that time because pt's brother Jack had demonstrated

Case Management/Social Services

altered behavior when he was speaking with his stepmother over the phone, father and stepmother decided to have his hair follicles tested for chemical substances. Per stepmother, the results of the hair follicle test indicated that Jack was exposed to highly concentrated levels of cocaine and marijuana. Stepmother indicated that based on her research as to "Uncle Dan," this individual has a known history of methamphetamine use, and his social media profile has "creepy photos of toddlers' legs" posted. Stepmother reported that she and pt's father have had to undergo multiple hair follicle tests due to court proceedings with mother and her boyfriend. Stepmother added that upon the return from Oklahoma, pt's brothers "referenced Sophie being in a kennel and handcuffs." Stepmother reported that pt and her siblings have told her that their mother intermittently leaves them unattended in her car and tells them to hide under the seats and cover her youngest child with a blanket in his car seat so that no one will see them. Stepmother stated that pt's mother is financially stable and has secured two attorneys for ongoing legal proceedings between herself and father. Stepmother indicated that she has routinely recorded the statements of pt and her siblings as supportive evidence if needed.
Detailed account of what happened:
Pt and her siblings returned to stepmother and father's residence for their summer stay on 06/15/20. Since then, stepmother noted that pt has "not been sitting right or sleeping well" since she returned. Stepmother shared that pt typically refers to her vagina as her "vee vee," and pt told her, "My vee vee hurts. It's burning, and I felt like there was a whole pole in there while I was at Mom's. Stepmother stated that she took pt to Oak Run in New Braunfels for further evaluation. Pt was initially prescribed 500 mg of an antibiotic twice a day for ten days due to concerns for a potential UTI. Per stepmother, toward the end of her antibiotic course, pt was consistently crying, unable to sit comfortably. Pt was seen by a pediatrician at Little Spurs Pediatric Urgent Care, and she was prescribed a cream for a possible yeast infection. Stepmother indicated that the medical provider at Little Spurs told her she could use Hydrocortisone cream as a backup to augment the cream. Pt reportedly seemed better for a brief period of time prior to returning to her mother's house for a weekend visit. When she came back to father and stepmother's house on 07/12, she was in pain again, complaining of abdominal discomfort and burning when urinating. Stepmother reported that pt told her that sometimes when she has to go to the bathroom at her mother's house, her mother advises her to "be tough and hold it in, or pee in your pants." The second pediatrician consulted for pt's symptoms advised stepmother to discontinue use of Hydrocortisone as a backup immediately because it could cause the symptoms to worsen instead of improve. This medical provider prescribed a different type of cream to treat pt's symptoms and told the stepmother that she may contact CPS related to her concerns. Stepmother added that the Little Spurs Clinic also ran a bacterial panel to rule out an ongoing UTI during this timeframe. The night after pt's urgent care visit, she reportedly woke up after having a bad dream, gasping and saying that a man with a knife was going to kill her, and other people were trying to get her. Stepmother attempted to comfort and reassure pt and asked her if anything was wrong. The following day, stepmother asked pt if anything was wrong, and pt reportedly disclosed that "Mr. Jake and his friends touch her sometimes, and she doesn't like it." Pt did not elaborate on this statement but repeatedly asked her stepmother what her mother's boyfriend's eyes and his friends' faces look like, and asked her to search these individuals through social media (stepmother denied doing so). Stepmother reported that pt recently complained of "bug bites on her butt." Stepmother stated that she believed these may have been related to playing in the sand near their house, but then pt told her that she had some bug bites in between the cheeks of her buttocks and "two in her vee vee." This raised concerns for stepmother related to potential sexual assault/sexually transmitted infection(s). Stepmother reported that the last time pt urinated before leaving the house today, pt stated that she was experiencing some sort of vaginal drainage, and "she said her pee looks green." Stepmother brought pt's underwear from today in a bag. Stepmother noted that in addition to the previously documented concerns, pt has never had previous GI issues or diagnoses, and she has had toilet accidents with diarrhea and severe gas over the past week. Stepmother reported that pt asked her seemingly out of nowhere "what to do if there is a fire, you're locked in your closet, and the lock is on the outside" which raised further concerns for pt's safety.
Stepmother added that pt told her that mother's boyfriend takes "Polaroids of her and her siblings," but did not provide additional details. Stepmother stated that pt recently asked her what it's like to be pregnant, which was out of place in the context of the topic of their conversation at the time. Stepmother shared that she brought pt here after concerns for potential sexual assault arose, because she researched various children's hospitals and she believes that this facility is the most adequately equipped to provide pt with the type of evaluations she is in need of while maintaining her safety.

SOCIAL RISK FACTORS:

Case Management/Social Services

History of CPS involvement: Stepmother and assigned CPS worker, Mary Lou Castillo, ph.#830-433-0917, reported that the family has extensive CPS history. CPS worker stated that each parent has an attorney so most of the communication from CPS goes through their respective attorneys, but mother and father alternate calling CPS to file new reports as to the other parent.
Abuse/neglect history for parents/guardians in their family of origin: Stepmother reported that it is her understanding that pt's mother may have a history of sexual assault, and she believes that pt's maternal grandparents were each "molested as children."
Abuse/neglect history for patient or siblings: Stepmother reported that there have been previous concerns in the mother's home for "neglectful supervision," but these allegations have not been founded during CPS investigations.
History of substance abuse in the home: Stepmother expressed concerns that mother has appeared to be altered and under the influence of alcohol during the children's last few conversations with her. Stepmother indicated that pt's father uses medical marijuana and CBD for some of his health ailments.
History of substance abuse for pt: denied by stepmother
History of runaway behaviors for pt: denied by stepmother
History of domestic violence in the home: Stepmother reported that DV has occurred in mother's home, and the first report of family violence occurred in May of last year to her knowledge. Stepmother reported that around the same time, pt did not want to go to her mother's house and she could hear her "screaming in the car" any time she had to go to her mother's. Pt and her biological siblings were reportedly overheard by their stepmother talking about "hiding under the bed when fights happen."
History of law enforcement involvement for parents/guardians: yes
Weapons in the home: Stepmother reported that mother's boyfriend has previous charges of unlawful possession of weapons.
History of mental health diagnoses in the home: suspected but not confirmed, per stepmother
Parental knowledge for pt's condition: Stepmother seems to be appropriately concerned for pt's safety.
Environmental stressors: unable to assess

PROTECTIVE FACTORS:
Secure attachment: Unable to assess, due to limited time in room with pt and mother together
Supportive family/environment: unable to assess
Positive coping/parenting skills: Unable to assess, due to brief period of time spent with stepmother
Understanding of child development: Stepmother demonstrated an appropriate awareness of ages/stages.
Stable housing: yes, per stepmother
Employment: Both parents are gainfully employed, per stepmother.
Access to health and social services: Stepmother reported adequate access to services.

FORMULATION:
Pt did not have an outcry or clear presenting concern for potential sexual assault. Stepmother has mounting concerns for possible sexual assault occurring when pt is in the care of her mother and mother's boyfriend, based on pt's recent behavioral changes and various verbalized statements she has made. Pt's last possible known contact with pt's mother's boyfriend was on 07/12/20. Following SW consultation with Frisco PD and DCMC SANE RNs Gabi and Amanda, it was determined that pt is appropriate for a referral to the local CAC for a forensic interview rather than an acute SAFE exam, due to the duration of time reported since last known contact between pt and mother's boyfriend. Sergeant Byrom with Frisco PD, Badge#3388, ph.#972-292-6010, indicated that he will coordinate with APD to request coordination of forensic interview with DCMC CARE team. Biological parents have a longstanding history of CPS reports filed against the other parent.
Concerns for human trafficking: denied by stepmother
MD impression: SW consulted with attending EDMD Gregg, who expressed agreement with SW plan of care.
PLAN:
CPS report made: CPS report was filed with central intake worker Carrie, Agent ID#5097, report ID#73737031. She stated that this will be prioritized as a P1 response, and intake will respond within 24 hours. SW received follow-up call from assigned CPS worker, Mary Lou Castillo with Guadalupe County, ph.#830-433-0917. She stated that she completed

Case Management/Social Services

her last courtesy visit to the father's home two weeks ago, and the family currently has a separate open CPS case in Collins County that was not generated related to primary concerns for potential sexual assault.
Reasoning for report: concerns noted above
Law enforcement: SW initially spoke with Officer Glogovsky, Badge#3594, with Frisco PD, who took an informational report. Report#20067829. SW subsequently received call from Sergeant Byrom, Badge#3388, who expressed understanding that an acute SANE exam will not be conducted in the ED after speaking with SANE RN Gabi. He indicated that he will coordinate with APD to conduct further forensic interviews.
SAFE approved: Pt was approved for a SAFE exam by Frisco PD, but she was ultimately determined to be an appropriate candidate for further interviews with the CAC rather than an exam in the ED. This determination was made due to ED protocol surrounding the appropriate timeframe for an acute exam following last known contact with possible perpetrator(s).
LE request for SAFE on medical chart: n/a
CARE team referral: yes- e-mail referral sent due to plan for pending forensic interview
Discharge plan: Pt will discharge home with stepmother once medically cleared.
Referrals given: n/a
Education provided: SW informed stepmother of plan for CPS, law enforcement and CARE team to coordinate forensic interview(s).

DOCUMENT NAME: Social Services Progress Note
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Randle ,Mya LMSW (7/27/2020 17:36 CDT)

ED Clerk received call from pt's stepmother Kourtney Chalmers (830-463-5063) who was requesting to speak with SW. EDSW not available immediately; returned call at 1142. EDSW left voicemail with callback information.

No further EDSW needs at this time.

Measurements

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:04 CDT SYSTEM
Item		
Measured Weight (kg)	42	-
Weight Source	Standing Scale #1	-
Measured Weight Unit of Measure	Kilograms	-
Measured Weight in Kilograms	42	-
Dosing Weight (kg)	-	42.000 R1

Result Comments
R1: Dosing Weight (kg)
Entered by SYSTEM secondary to charting Measured Weight

Vital Signs

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN	7/25/2020 22:50 CDT Marantz ,Seth M RN	
Item				Units
Temperature Oral (DegF)	98	98.4	98.5	DegF
Temperature Oral (DegC)	36.7	36.9	36.9	DegC
Peripheral Pulse Rate	84	106	90	bpm
Respiratory Rate	20	20	20	br/min
Systolic Blood Pressure	116	112	115	mmHg
Diastolic Blood Pressure	74	**82** H	64	mmHg
Mean Arterial Pressure	88	92	81	mmHg

Patient Information

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Patient Identification Verification

	Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN
Item		
Identification Band On		Yes

General Information/Assessment

	Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN
Item			
Mode of Arrival,ED		Private vehicle, Ambulatory	-
Hx of Present Illness/Mech of Inj/Onset		Mother requesting R/O SA	-
Pediatric Immunizations Current		Yes	-
Pregnancy Status		Patient denies	-
Currently Breastfeeding a Child		No	-
Distress		-	None
General Asmt Interventions &/or Note		Pt AAOx4, NAD, denies pain	See Below T1

Textual Results
T1: 7/25/2020 19:39 CDT (General Asmt Interventions &/or Note)
pt alert. interactive. talkative. no distress.

	Recorded Date Time By	7/25/2020 20:06 CDT Marantz ,Seth M RN	7/25/2020 22:52 CDT Marantz ,Seth M RN	7/25/2020 23:12 CDT Marantz ,Seth M RN
Item				
Accompanied by		-	Parent	Parent
Distress		-	None	-
General Assessment Evaluation Comments		See Below T2	See Below T3	-

Textual Results
T2: 7/25/2020 20:06 CDT (General Assessment Evaluation Comments)
pt hit self in eye with slnky. assessed and no deficit noted. ice pack applied
T3: 7/25/2020 22:52 CDT (General Assessment Evaluation Comments)
pt alert no distress no needs. mom with no questions after dc education. verbalizes understanding

Infectious Disease Risk Screening

	Recorded Date Time By	7/25/2020 16:54 CDT SYSTEM	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:04 CDT SYSTEM
Item				
Recent Travel History		-	No recent travel	-
COVID-19 Assess		-	Able to Assess	-
COVID-19 Symptoms		-	No	-

Patient Information

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Infectious Disease Risk Screening

Recorded Date Time By	7/25/2020 16:54 CDT SYSTEM	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:04 CDT SYSTEM
Item			
COVID Status	..	-	_

Pain Assessment

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

	Recorded Date Time By
Item	
Is Patient Able to Self-Report Pain?	Yes
Intensity -Primary Pain	0 - No Pain
Location -Primary Pain	General

Head and Neck

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Head and Neck Assessment

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
HEENT Review of System	WDL

Neurological

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Neurolgical Assessment

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN
Item			
Neurological Review of System	WDL	-	-
Level of Consciousness	-	Alert	Alert
Orientation	-	Oriented x 4	Oriented x 4
Affect/Behavior	-	-	Appropriate

Recorded Date Time By	7/25/2020 22:52 CDT Marantz ,Seth M RN
Item	
Level of Consciousness	Alert
Orientation	Oriented x 4
Affect/Behavior	Appropriate

Respiratory

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Respiratory Assessment

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN	
Item				Units
Respiratory Review of System	WDL	-	-	
Respiratory Status	-	No distress	No distress	

Oxygen Therapy and Oxygenation Information

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN	7/25/2020 22:50 CDT Marantz ,Seth M RN	
Item				Units
Oxygen Delivery Method	Room air	Room air	Room air	
Oxygen Saturation	-	100	100	%

Cardiovascular

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Cardiovascular Assessment

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN
Item			
Cardiovascular Review of System	WDL	-	-
Capillary Refill	-	Less than/equal to 2 seconds	Less than/equal to 2 seconds

Recorded Date Time By	7/25/2020 22:52 CDT Marantz ,Seth M RN
Item	
Capillary Refill	Less than/equal to 2 seconds

Gastrointestinal

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Gastrointestinal Assessment

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Gastrointestinal Review of System	WDL

Genitourinary

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Genitourinary Assessment

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Genitourinary Review of System	Not assessed
Genitourinary Intervention &/or Note	See Below T1

Textual Results

T1: 7/25/2020 17:01 CDT (Genitourinary Intervention &/or Note)
Mother here to R/O SA, assessment deferred, Pt denies any pain at this time.

Integumentary

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Integumentary Assessment

Recorded Date Time By	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 17:01 CDT Stark ,Jennifer M RN	7/25/2020 19:39 CDT Marantz ,Seth M RN
Item			
Integumentary Review of System	WDL	-	-
Skin Color	-	-	Normal for ethnicity
Skin Temperature	-	-	Warm
Skin Description	-	-	Normal for ethnicity
Mucous Membrane Color	-	Pink	Pink
Mucous Membrane Description	-	Moist	Moist

Recorded Date Time By	7/25/2020 22:52 CDT Marantz ,Seth M RN
Item	
Skin Color	Normal for ethnicity
Skin Temperature	Warm
Skin Description	Normal for ethnicity
Mucous Membrane Color	Pink
Mucous Membrane Description	Moist

Musculskeletal

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Musculoskeletal Assessment

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Musculoskeletal Review of System	WDL

Patient Care Activity

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

ADL Safety

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Fall Prevention Measures	See Below T1
Standard Safety	See Below T2
Bed Safety	See Below T3
Participative in Fall Prevention	Yes

Textual Results

T1: 7/25/2020 17:01 CDT (Fall Prevention Measures)
Adequate lighting provided, Room free of obstructions/clutter

T2: 7/25/2020 17:01 CDT (Standard Safety)
Call device within reach, Orient pt to environment

T3: 7/25/2020 17:01 CDT (Bed Safety)
Bed in Lowest Position, Side rails up x2, Wheels locked

Precautions/Isolation

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Isolation Maintained and Assessed	Standard

Humpty Dumpty Scale

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Age,Humpty Dumpty	7 years to less than 13 years
Gender,Humpty Dumpty	Female
Diagnosis,Humpty Dumpty	Other diagnosis
Cognitive Impairments,Humpty Dumpty	Oriented to own ability
Environmental Factors,Humpty Dumpty	See Below T4
Surgery,Sedation,Anes,Humpty Dumpty	None
Medication Usage,Humpty Dumpty	No medications
Humpty Dumpty Score	9

Textual Results

T4: 7/25/2020 17:01 CDT (Environmental Factors,Humpty Dumpty)
Older than infant-toddler placed in bed

Psychosocial

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

Psychosocial Assessment

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Psychosocial Review	WDL

Screening

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Isolation Precautions Initiated	Private room

Parental Involvement

Recorded Date	7/25/2020
Time	17:01 CDT
By	Stark ,Jennifer M RN
Item	
Parent/Caregiver Present	Yes
Parent/Caregiver Interaction with Child	Frequent interaction
Parent/Caregiver Interact w/Care Team	See Below [T1]
Parent/Caregiver Involvement in Care	Actively participates

Textual Results
T1: 7/25/2020 17:01 CDT (Parent/Caregiver Interact w/Care Team)
Discusses care, feelings, concerns

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Adriana Cancino on behalf of Amber Shemesh
Bar No. 24075066
acancino@shemeshfamilylaw.com
Envelope ID: 45402991
Status as of 8/17/2020 1:35 PM CST

Associated Case Party: Kelly Long

Name	BarNumber	Email	TimestampSubmitted	Status
Amber Shemesh		amber@shemeshfamilylaw.com	8/14/2020 3:11:55 PM	SENT
Adriana Cancino		acancino@shemeshfamilylaw.com	8/14/2020 3:11:55 PM	SENT
Alexandra Willen		awillen@shemeshfamilylaw.com	8/14/2020 3:11:55 PM	SENT

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Taylor Mohr		taylor@mohrlawfirm.com	8/14/2020 3:11:55 PM	SENT
Mary Spring		maryspring@mohrlawfirm.com	8/14/2020 3:11:55 PM	SENT